



MISSOURI GAMING COMMISSION
BINGO DIVISION
P O BOX 1847
JEFFERSON CITY MO 65102
TOLL FREE 1-866-801-8643
(573) 526-5370 - FAX (573) 526-5374

BINGO APPLICATION FOR APPROVAL OF FULL-TIME EMPLOYEE OR FULL-TIME STAFF MEMBER

INSTRUCTIONS: Complete **all** sections of this application. Please print or type. Mail completed application to the address provided above.

NOTE: No part-time employee or part-time staff member of the organization licensed to conduct bingo may participate in the management, conduct or operation of the organization's licensed bingo games.

1. I, _____, whose address is _____
NAME

STREET ADDRESS AND/OR PO BOX NO.

CITY, STATE AND ZIP CODE

am a full-time employee or full-time staff member of the organization listed below and hereby request permission to assist in the management, conduct or operation of bingo games conducted by _____

NAME OF ORGANIZATION

_____, whose address is _____

STREET ADDRESS AND/OR PO BOX NO.

CITY, STATE AND ZIP CODE

2. _____
TITLE OF POSITION DATE EMPLOYED IN POSITION BIRTHDATE OF APPLICANT SOCIAL SECURITY NO. OF APPLICANT

3. Detailed Job Description (attach separate sheet, if necessary): _____

4. Current Salary: \$ _____ Weekly _____ Monthly _____ Hourly _____

5. Fringe benefits (be specific): _____

Under penalties of perjury, I, the undersigned, attest that the above information is true and correct as hereinbefore stated. I am not an owner, partner, officer, director, stockholder, employee, or commissioned agent of a bingo equipment supplier or manufacturer. I fully understand Section 313.040 (2), RSMo., in that I am eligible, upon approval of the Missouri Gaming Commission, to volunteer my time and assistance, without compensation, in the management, conduct or operation of bingo games conducted by the above stated organization. I further understand that I may volunteer my time and assistance in the management, conduct or operation of bingo only one time per week and only to the above-stated organization.

SIGNATURE OF APPLICANT TITLE DATE

SIGNATURE OF PRESIDING OFFICER

TITLE

DATE

FOR OFFICE USE ONLY: _____ APPROVED _____ DENIED _____ SUSPENDED _____

COMMENTS

SIGNATURE _____ DATE _____